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7590

06/09/2004

Michael C. Mayo
Baxter Healthcare Corporation
Fenwal Division, RLP-30
P.O. Box 490 - Route 120 & Wilson Road
Round Lake, IL 60073

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Francis C. Kowalik

(Depositor's name)

(Signature)

25 August 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/997,822	11/30/2001	Daniel R. Boggs	F-3366 DIV	5410

TITLE OF INVENTION: COMPOSITE MEMBRANES AND METHODS FOR MAKING SUCH MEMBRANES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/08/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
FORTUNA, ANA M	1723	210-500100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. A. Rockwell

2. F. Kowalik

Cook, Alex, McFarron,
3. Manzo, Cummings &
Mehler, Ltd.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Baxter International Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Deerfield, IL 60015

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1440 (enclose an extra copy of this form).

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(Date)

25 August 2004

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

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